

UC Blue & Gold HMO

FREQUENTLY ASKED QUESTIONS
2025 OPEN ENROLLMENT





We created this Q&A to give you answers to some of the most common questions about the UC Blue & Gold HMO plan for 2025.

UC Blue & Gold HMO Basics

Are there any changes for 2025?

Yes. Effective January 1, 2025, UC has implemented the following changes:

- Doula Program. Doulas support the needs of pregnant and postpartum persons at no cost!
- Office Visit and Urgent Care services will be covered at a \$30 copay.
- Pharmacy retail copays will be covered at the follow Tiers (1, 2 or 3):

\$10/\$30/\$50 - 30-day supply

\$20/\$60/\$100 - 90-day supply

Specialty Drugs will be covered at Tier 4: 30% coinsurance up to a \$150 maximum per drug.

Note: Not all Specialty Drugs fall into this coinsurance category. Some Specialty Drugs fall into the retail copay tiers. Please refer to the Health Net 3-Tier with Specialty Drug List.

What are Health Benefit Navigators?

This is a team of experienced Health Net Customer Service representatives, dedicated to UC with extensive training on the UC Blue & Gold HMO plan. Representatives receive detailed training based on specific plan details, so you will speak with someone familiar with your plan and your geographic area. Hours of operation; Monday through Friday, 8 a.m.–8 p.m. Pacific Time (PT). You can reach a Health Benefit Navigator at 800-539-4072. Or email to: askblue&gold@healthnet.com.

Why should I join UC Blue & Gold HMO?

We designed UC Blue & Gold HMO to make health coverage easy. Affordable premium, \$0 deductible and fixed copayments. Choice of providers – including all UC medical centers and physician groups. Flexible and easy-to-use HMO plan. \$0 copayment for virtual visits through Health Net’s preferred telehealth provider, Teladoc Health. Dedicated team of Health Benefit Navigators.

When it comes to your health coverage, experience matters. Health Net has been serving UC members for over 40 years.



Will I be getting a new Member ID card for 2025?

Yes, all UC Blue & Gold HMO members will receive a new Member ID card for 2025. You will receive your new Member ID card before January 1, 2025.

About the UC Blue & Gold HMO Network

What makes the UC Blue & Gold HMO Network special?

The University works closely with Health Net to establish criteria for the UC Blue & Gold HMO Network. Affordability was a key factor, but other factors included:

- Offering access in 30 California counties.
- Incorporating the largest possible number of doctors currently caring for UC employees, non-Medicare retirees and their families into the network.
- Participation of all University of California physician groups and medical centers.

Where can I find a full list of doctors in the UC Blue & Gold HMO network?

For a complete listing of available doctors, behavioral health providers, medical groups, and hospitals in the Blue & Gold HMO Network, visit healthnet.com/uc and click *Find a Provider* to begin your search.

Tip: For Behavioral Health providers, select Doctors, then filter by Specialty, e.g., Marriage/Family Counseling, Child/Adolescent Psychiatry, Qualified Autism Provider, etc.

You can also call the **Health Benefit Navigator team at 800-539-4072**, Monday through Friday, 8 a.m. – 8 p.m. PT. The team is dedicated to UC members and can help you find the right doctors or medical groups for your needs.

If my provider is not in the UC Blue & Gold HMO network, how do I request continuity of care?

If you or your family member(s) are enrolling in the UC Blue & Gold HMO plan and are currently receiving ongoing medical treatment or treatment from a non-participating provider, **call the Health Benefit Navigator team at 800-539-4072.** A representative will help you determine if you're eligible for continuity of care assistance.

Are the UC medical groups and medical centers included in the UC Blue & Gold HMO Network?

Yes, all UC medical groups and medical centers are included in the UC Blue & Gold HMO Network.

You have your choice of medical groups near where you live or work – including all the UC medical centers and physician groups.



UC Blue & Gold HMO Prescription Drug Benefits

Where can I locate Health Net's prescription drug formulary of covered medications?

The Health Net Drug List is available on healthnet.com/uc. Go to Plan Details, Pharmacy and click on *Drug List*.

The UC Blue & Gold HMO plan offers a 3-Tier with Specialty drug formulary plan.

How can I obtain a 90 day supply of maintenance prescriptions?

The UC Blue & Gold HMO plan gives you several options for filling your three-month supply of maintenance prescriptions, with only **TWO** applicable Tier copayments.

- Call CVS Caremark Prescriptions Services at 888-624-1139 to have your prescriptions filled through the CVS Caremark Mail Service Pharmacy or at a CVS Pharmacy retail location.
- Go to your nearest CVS retail pharmacy or UC designated Medical Center pharmacy. The pharmacy will contact your doctor to obtain your three-month prescription.
- Have your doctor send your three-month prescription to the CVS Caremark Mail Service Pharmacy in one of the following ways:
 - Call 800-378-5697
 - Fax 800-378-0323



Are there any changes to my prescription drug benefit for 2025?

Yes, there are changes to the prescription drug benefit for 2025.

Pharmacy retail copays will be covered at the follow Tiers (1, 2 or 3):

\$10/\$30/\$50 - 30-day supply

\$20/\$60/\$100 - 90-day supply

Specialty Drugs will be covered at Tier 4:

30% coinsurance up to a \$150 maximum per drug.

Note: Not all Specialty Drugs fall into the coinsurance category. Some Specialty Drugs fall into the retail copay tiers. Please refer to the Health Net 3-Tier with Specialty Drug List.

Health Net Extras

Are there any extra features that I get for being a UC Blue & Gold HMO member?

Yes.

Eat Right Now[®] a program designed to help you step off the diet rollercoaster and create healthy eating habits that last. The program offers three tracks: **Mindful Eating, Weight Loss and Diabetes Prevention.**

Health Net offers you a convenient care option through **MinuteClinic**[®]. With access to locations inside select CVS Pharmacy[®] and Target stores across the U.S., open 7 days a week. You now have more options for care when you just can't get to your primary care physician.

MinuteClinic providers can evaluate your symptoms and come up with a treatment plan, and even write prescriptions, when needed. All for a \$30 copayment (\$0 if preventive)!

Covered services and conditions include:

- Allergies
- Coughs and bronchitis
- Ear infections and earaches
- Flu-like symptoms
- Heartburn and indigestion
- Minor burns
- Sprains, strains and joint pain
- Screenings and monitoring
- Skin conditions
- Travel health

To find a MinuteClinic location near you, go to **minuteclinic.com**. Note that although the plan doesn't normally cover routine care outside California, members may receive care at any MinuteClinic in the country at the in-network benefit level.

What about doctor visits by phone or video?

Yes. UC Blue & Gold HMO includes a telehealth¹ benefit.

Health Net members can speak to a U.S. – licensed doctor 24/7²

through **Teladoc Health** at no additional cost. This is a convenient way for Health Net members to discuss non-emergency health issues like cough and sore throat, anxiety, and depression, cold and flu , as well as send prescriptions to your local pharmacy, in some cases.³

Telehealth does not replace your primary care physician, but if getting to the doctor's office is difficult or your doctor isn't available, Teladoc Health offers convenient care on your schedule.



**If I have more questions,
where is the best place
to get more information?**

The best place to get more information about what Health Net offers is our website just for UC members – healthnet.com/uc or email to: askblue&gold@healthnet.com. Emails are responded to within 24 hours, Monday through Friday.

To speak to a dedicated UC Customer Service representative about benefit questions, call our **Health Benefit Navigator team** Monday through Friday, **8 a.m.–8 p.m. PT** at **800-539-4072**. For behavioral health questions, call 800-663-9355 Monday through Friday, 8 a.m. - 8 p.m. PT.



Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at **1-800-522-0088 (TTY: 711)**

If you believe that Health Net has failed to provide these services or discriminated in another way, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you. You can also file a grievance by mail, fax or online at:

Health Net of California, Inc., Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Covered Persons)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call **1-800-522-0088** (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) **1-800-522-0088**

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք **1-800-522-0088** (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 **1-800-522-0088** (TTY: 711)。

Hindi

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या **1-800-522-0088** (TTY: 711)।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088 (TTY: 711)。

Khmer

សេវាកម្មដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711).

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béesh bee hane'í bikáá' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711).

Panjabi (Punjabi)

ਬਨਿੰ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀ ਪੁਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).



¹You may receive services on an in-person basis or via telehealth, if available, from your primary care provider, a treating specialist or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with the service and existing timeliness and geographic access standards required under California law. Any cost share for services received through Teladoc Health will accrue toward your out-of-pocket maximum and deductible (if your plan has a deductible). By scheduling through Teladoc Health, you consent to receive services via telehealth through Teladoc. See your health plan coverage document for coverage information and for the definition of telehealth services. You have a right to access your medical records for services received through Teladoc Health. Unless you choose otherwise, any services provided through Teladoc Health shall be shared with your primary care provider.

²Behavioral health services are available 7 days a week 7 a.m. to 9 p.m. (Pacific time).

³Access to telehealth services does not guarantee that a prescription will be written.

You have access to our wellness programs through current enrollment with Health Net of California, Inc. Our wellness programs are not part of Health Net's commercial medical benefit plans. They are not affiliated with Health Net's provider network, and their services may be revised or withdrawn without notice. These programs, including access to any clinicians, are additional resources that Health Net makes available to enrollees. The information provided is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

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